

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 07R-9

BRIEF TITLE

Medicaid Access To Care Contract

APPROVED DEADLINE

REASON

DETAILS

POSITIONS/RECOMMENDATIONS

Contract between the Nebraska Department of Health and Human Services Finance and Support System and the Lincoln-Lancaster County Health Department regarding the Medicaid Access To Care Program for October 1, 2006 through September 30, 2008 , with the option of two one year renewals. <i>7/30/08</i>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	Applicant City Department Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	OPERATIONAL IMPACT ASSESSMENT		
FINANCES			
COST AND REVENUE PROJECTIONS	COST of total project:		\$
	COST of this Ordinance/Resolution		\$
	RELATED annual operating Costs		\$
	INCREASE REVENUE EXPECTED/YEAR		\$
SOURCE OF FUNDS	CITY [Approximately]		
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
	NON CITY [Approximately]		
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
BENEFIT COST			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot		\$	\$

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D.
Health Director

REVIEW BY:

REFERENCE NUMBER